

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16705

State File No. _____

Registrar's No. **4699**

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7056 Plateau Avenue., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Ella Vencill**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John T. Vencill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 23, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 26 hr. _____ min.

9. Birthplace **Appanoose County Iowa /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **A. D. VanMeter**
13. Birthplace **Unknown Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Replogle**
15. Birthplace **Appanoose County Iowa /**
(City, town, or county) (State or foreign country)

16. (a) Informant **John O. Hawkins**
(b) Address **7056 Plateau Avenue.,**

17. (a) **Removal** (b) Date thereof **5/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Chillicothe, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**
(b) Address **4700 Washington Blvd.,**

19. (a) **MAY 20 1943** (b) **J. J. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7056 Plateau Avenue.,**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**
year **1943** hour **9** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **April 4**
1943 to **May 19** **1943**
that I last saw him alive on **May 19, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Aneurysm**

Due to **Hypertensive Heart Disease**
Due to **Generalized Arterio-Sclerosis**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **No**

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(a) Means of injury _____
23. Signature **John C. Brudick** (M. D. or other)
Address **2648 Oakwood Park** Date signed _____

NCV 29 1842

850

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.